

#### Form RHS 8-5A

# TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF RADIOLOGICAL HEALTH

Page 1

### Human Medical Use

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	•		Statemen	Πι ·		· .	·	•	•		
1. (a) USING PHYSICIAN'S NAME.			(b) NAME AND AD	DRESS OF	APPLIC	ANT. (if	different	from (a).	)		
2. THE USING PHYSICIAN INDICATED ABOVE OF TENNESSEE.			UGS IN THE PRACTI			N THE S		Yes	No		
THE APPLICANT HAS COMPLETED ARR WHENEVER ADVISABLE.      O     A COPY OF INSTRUCTIONS TO BE FURNING PRECAUTIONS TO BE TAKEN AND AVA	ISHED TO TI	HE HOSPITAL AS TO	O RADIOLOGICAL S	AFETY	ΓΙΕΝΤS			Yes	No		
PRECAUTIONS TO BE TAKEN AND AVA	ILABLE KAL	JIATION INSTRUME	INTATION IS ATTAC	HED.			1	Yes	No		
4. TYPE OF TRAINING.		WHERE TRAIN	NED	DURATIC TRAINI		ON TH (Circle	E JOB answer)		AL COU		
a. Principles and practices of radiation protection						Yes	No	Yes	No		
b. Radioactivity measurement standardization and monitoring techniques and instruments						Yes	No	Yes	No		
c. Mathematics and calculations basic to the use and measurement of radioactivity						Yes	No	Yes	No		
d. Biological effects of radiation						Yes	No	Yes	No		
5. Total number of hours of training in Items 4.a.b.c.o	l. above	ho	ours.			•		•			
6. The applicant and any official executing this cer Regulations for Protection Against Radiation", a and belief.											
				Signature	(applicar	nt named	in Item 1)	1			
Date			Ву	Signature	e of certif	fying offic	cial				
				Title of c	ertifying	official					

Note: See Appendix B, Item 1 of the "Medical License Application Guide" or 1200-2-10-.33(1)(a), 3(a) or 4(a) of "State Regulations for Protection Against Radiation" for the required training in basic radioisotope handling techniques.

# TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF RADIOLOGICAL HEALTH

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### Human Medical Use

CLINICAL TRAINING AND EXPERIENCE OF PHYSICIAN WHO WILL USE RADIOACTIVE MATERIAL.   (A)   (B)   (C)   TYPE OF PARTICIPATION FOR ALL CASES IN COLUMNS DI (Circle applicable numbers of fitness in accordance ways from helewys   1 2 3 4 4	1. (a) USING PHYSICIAN'S NAME.			(b) NAME AND ADDRESS OF APPLICANT. (if different from (a).)							
(A) (B) (C) NUMBER OF (CSEES)  (CELEMENT) AND MASS NO.)  (CONDITIONS DIAGNOSED OR TREATED)  (CSEE) NUMBER OF CASES  (COLUMN D (Circle applicable numbers of items in accordance with key set forth below)  (1 2 3 4 1 1 2 3 4 1 1 2 3 4 4 1 1 2 3 4 4 1 1 2 3 4 4 1 1 2 3 4 4 1 1 2 3 4 4 1 1 2 3 4 4 1 1 2 3 4 4 1 1 2 3 4 4 1 1 2 3 4 4 1 1 2 3 3 4 4 1 1 1 2 3 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
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Note: See Appendix B of the "Medical License Application Guide" or 1200-2-10-.33 of "State Regulations for Protection Against Radiation" for experience requirements to use or directly supervise the use of radioactive material listed in Medical Groups I through VI. Medical Groups are defined in Appendix A of the Guide and in 1200-2-10-.14(6) of the Regulations.